N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, NC 27611-8047
919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Water System ID #:	
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) Collected on: DATE: 05/30/18	
Collected on: DATE: 05/30/18 TIME: 10:48 AM Location where collected: 001 - HANDSINK Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) Location Code: Collected By: Allen Baker FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE: Previous Positive Location Code: Original Sample Type: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) Time: Original Collection Date: Time (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: Type of Supply: NTNC 127 CARDINAL DRIVE EXTENSION Non-Community NTNC WILMINGTON, NC 28405 Type of Treatment: Chlorinated Telephone No. 9107967215 Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual: INVALID CODES	
Location where collected: 001 - HANDSINK Location Type:	
Location Type:	
Collected By: Allen Baker	
FOR REPEAT SAMPLE: Previous Positive Location Code: Positive Collection Date: Time: Original Sample Type: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) Original Collection Date: Time: Original Collection Date: Time (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Type of Treatment: Type of Treatment: Type of Treatment: Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
Previous Positive Location Code: Positive Collection Date: Time: Original Sample Type: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) Original Collection Date: Time: Original Collection Date: Time (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Type of Treatment: Type of Treatment: Type of Treatment: Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
Positive Collection Date: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) Time: Original Collection Date: Time (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: Type of Supply: WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 TOTAL Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
Time: Proximity:	
Proximity:	
Mail Results To: WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 Type of Supply: Community NTNC X Non-Community Private Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual:	
Mail Results To: WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
WILMINGTON REGIONAL OFFICE PWSS 127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Type of Treatment: Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
127 CARDINAL DRIVE EXTENSION WILMINGTON, NC 28405 Type of Treatment: Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual:	
WILMINGTON, NC 28405 Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 Total Chlorine Residual: RESULTS INVALID CODES	
Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 RESULTS INVALID CODES	
Telephone No. 9107967215 EIN #: 566000372Q COURIER #: 04-16-33 RESULTS INVALID CODES	
EIN #: 566000372Q COURIER #: 04-16-33 Free Chlorine Residual: Total Chlorine Residual: RESULTS INVALID CODES	
RESULTS INVALID CODES	
CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform Found	
	nd
Total Coliform 9223B 2) TNTC/No Coliform Found	
Fecal/E. Coli 9223B 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old	
Heterotropnic P.C/mi 5) Improper Sample or Analysis	
(number)	
Repeat Samples Required Replacement Samples Required	
Date Analysis Begun: 05/31/18 Time Analysis Begun: 08:25 Al	
Date Analysis Completed: 06/01/18 Time Analysis Completed: 08:55 Al	<u> </u>
Laboratory Log #: Certified By: Susan Beasley	
COMMENTS: Special/Non-compliance (SP), Water Source: GW	AM